

Effect of Family Size and Sex Preference on Contraceptive Use Among Married Women in Morogoro Municipality

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Abstract: *This study was conducted with the purpose of determining whether son preference exists in the study area as well as establishing the ideal family size among married women. These were correlated with contraceptive behaviour in order to establish their relationships. The study was conducted to a sample of 135 randomly selected married women aged between 15-49 years from Morogoro Municipality. Both a questionnaire and focus group interviews were used to collect the data. The results showed that mean ideal number of desired children was 4.2. When ideal family size was compared with contraceptive behavior results indicated the increase of current and intention to use contraceptive methods to women with more than two children. Majority of respondents did not show strong sex preference. When related with contraceptive use, current use of contraceptive use was found to be high among respondents with children of both sexes and low for respondents with children of single sex. Looking into actual sex composition, 47.3% had more boys than girls. When actual family size was related to contraceptive use, it was observed that majority were currently using contraceptive (67%), the same pattern was noted with the intention to use contraceptives, which was high - especially to those respondents with one or two children. The study recommends that, although the current use and intention to use contraceptives was high in the study area, more effort is needed to make sure that continuation rate is also high.*

Key words: Contraceptives, family size, sex preference, married women

INTRODUCTION

The cultural set up of the family structure which gives husbands the power of reproductive decision making, whilst placing most of the economic burden for raising children on mothers, together with responsibility for agricultural production have been outlined as the major factors influencing high fertility in Sub-Saharan Africa (Mturi and Hinde, 2001). The argument is that, since husbands receives the advantages of status and prestige from paternity as heads of households, whilst having not to bear any economic burden; they are encouraged to opt for large families. Rwanda's birth rate is on the increase because Rwandans believe it is their moral duty to replace the one million or so people who died during that country's

genocide (Bigombe and Khadiagala, 2003), so still there are variations as to why people prefer large family size.

On average, Tanzanian women would ideally like to have five children (URT, 2005). This indicates that the large family norm is still practiced in Tanzania and is likely to influence actual fertility levels. However, the proposition that parents of large families are better off than those with fewer children has not been adequately tested (Van de Walle and Foster, 1990).

Sex preference is an important barrier to increase of contraceptive use and decline of fertility. Its impact becomes greater as desired family size declines (Tiziana *et al.*, 2003). Studies done in India, Bangladesh and China have indicated that most families prefer sons to daughters. As a result of rapid population increase, a one child policy was introduced in China. However, some families failed to have a son, which they most preferred from the single birth. After several years of its inception, the policy was revised and allowed a couple with a daughter to bear one more child. Revision of the policy is an indication that son preference is being practiced in China (Katapa, 2005).

The association of son preference with high fertility levels has been the subject of research. There has been controversy about whether men or women show a greater demand for children, particularly for sons. The reasons for son preference are most frequently attributed to the low status of women, patriarchal structure, difference between father and mother regarding claims to major share of children's love, loyalty and labour. Continuation of the family lineage name has also been associated with preference for sons.

Son preference is not uncommon phenomenon among Sub-Saharan Africa. Khan and Khanum (2000) cited by Ayoub (2004) reported that sons are often preferred to daughters owing to a complex interplay of economic and socio-cultural factors. Hank and Hans-Peter (2000) suggest that the son preference is embedded in cultural, religious and traditional/community norms. In most developing countries where women are economically and socially dependent on men, male off-springs are presumed to have greater economic net utility than female off-springs. The argument being that sons can help to provide old age support to their parents (De Silva, 2003). This is particularly important in most developing countries where there is no formal old age security (Ayoub, 2004).

RESEARCH METHODOLOGY

The study was conducted at Morogoro Municipality. The sample population comprised of 135 married women aged between 15-49 yrs. The sampling unit was households where these women lived. The sample was selected randomly within Morogoro Municipality. A multistage sampling procedure was employed. One division was purposeful selected for the study. Three wards were then selected purposeful in order to capture respondents from various socio-economic statuses. The selected wards were Kihonda, Kilakala and Mazimbu. The collected information was analyzed using the Statistical Package for Social Sciences (SPSS). Descriptive statistics such as mean, frequency and percentages was computed to

find distributions and magnitudes of individual variable among respondents. Information from focus group discussions (FGDs) were synthesized and summarized by age categories. The analysis employed ethnographic approach.

RESULTS AND DISCUSSION

Ideal Family Size

The respondents were asked to state the number of children they wanted if they could have the chance to have exactly the number of children they wanted. The information obtained was used to establish the single valued statement of desired family size. The results presented in Table 1 indicates that 71.4 percent of respondents prefer not more than four children; however there are few individuals who still prefer more than seven children (5.2%).

Table 1: Stated ideal family size among married women (%)

Stated ideal family size (n=135)	Percent
1	1.5
2	10.4
3	20
4	39.3
5	15.6
6	8.1
7	1.5
8	1.5
10	2.2
Total	100

Nevertheless none of the respondents in the study area had a desire to have no children. Mean ideal number of children desired was 4.1, which did not vary much with that of 5 reported in Tanzania demographic household survey (URT, 2005).

During group discussions majority of women supported the idea of having fewer children - at least four. They argued that, with few children it's easy for the parents to provide food, education, health and shelter for their children. Another reason mentioned was a shortage of home helpers (house girls). It is extremely difficult nowadays to get a reliable person to look after your children.

A reproductive health study conducted in Vietnam and Ethiopia indicated that some respondents expressed a clear sense that too many children are a burden, that the costs of raising children is increasing, and that the need to invest in the future implies financial responsibilities which require small family size (Berhane *et. al.*,

1999). All these studies connote that there has been a paradigm shift towards small family as costs of living escalated.

Ideal Family Size and Contraceptive Use

The stated ideal family size was further examined with reference to contraceptive behaviour and the results are presented in Table 2. Results show that, current use of contraceptives was high (80%) to those who preferred two to five children. Those who preferred one child were currently not using contraceptives since one of the joys of marriage was to have children and they were yet to have one.

The current contraceptive use tended to decrease with the increase in number of the children, with the exception of those who preferred seven (100%). The skewdness for this group could be attributed to small sample size for this category.

Table 2: Contraceptive use by Ideal Family Size (%)

Ideal Family Size	Current Use (n=133)	Intention to Use (n=86)
1	0	100
2	80	53.3
3	80	69.6
4	78.8	59.2
5	81.8	86.4
6	54.5	60
7	100	100.0
8	50	100
10	33.3	100
All	75.9	67.7

Intention to use contraceptives was found to be highest among those who preferred more than seven children (100%), as they intended to use contraceptives to limit births after having their preferred family size. For the rest of respondents, the intention to use contraceptives was lower than the other groups as they intended to have more children in future in order to meet their desired family size.

Actual Family Size and its Relationship with Contraceptive Use

Respondents were asked to mention the number of their daughters and sons. According to the results, 92.1% of respondents had family fewer than five children, and a quarter of respondents (29.9%) had two children, 3.7% had no children and 8.9% of the respondents had more than five children. The mean actual number of children was 2.5. This shows that majority of respondents were in favour of small number of children of not more than four children.

However, the use of contraceptives seemed to be very low for respondents who had no children (Table 3). Similarly, less than 50% of the respondents who had more

than six children were using contraceptives. This is because most of them had their desired family size and they were probably in menopause with the exception of the few who use contraceptives to limit birth. For the rest, the current and intention to use contraceptives was high.

Table 3: Contraceptive Use and Actual Family Size (%)

Actual Family Size	Current Use (n=135)	Intention to Use (n=86)
0	40	80
1	83.3	53.3
2	76.3	62.2
3	79.3	76.9
4	78.9	73.7
5	80	100
6	40	75
8	50	100
All	75.9	67.7

According to Bongaarts (2010), the lower the desired family size the larger the demand for contraception. Intention to use contraceptives was generally high except for those with one and two children as they wished to have more children.

Sex Preference

All the respondents were asked a series of questions and were required to choose their ideal sex combination if they were to have only three children. A minimum odd number was used so as to maximize the biases of respondents in terms of sex preference. The results are summarized in Table 4.

Respondents in the study area did not show strong preference for boys or girls as majority (95.6%), (89.6%) and (86.7%), preferred a combination of both sexes. This suggests that all children are valued equally. Result from the group discussions also supported these findings, as majorities were in favour of both sexes. They argued that a child is valuable irrespective of sex. Further findings showed that all respondents when discussing about sex of the child were aiming at benefits they will gain later in life for having a child with a specific sex. They further argued that a girl child could be a prostitute and a boy child could be a burglar or they could both be good children. Other findings from China and Korea reported strong preference for sons, whilst a study done in Bangladesh reported that sex preference does not have strong effect on contraceptive use (Baraigi, 2001). But this is in contrast to another study conducted in another part of Bangladesh which reported strong daughter preference (Islam *et. al.*, 2009). However, these studies did not go further to show whether parents with many sons, daughters or both sexes were doing better off than others, that is, whether parents with many sons were doing better than those with daughters only or vice versa.

Table 4: Preferred sex of children among married women (n=135)

Combination of preferred sex	Percent
First Choice	
One boy and two girls	46.7
Two boys and one girl	48.9
Three boys	1.5
I don't know	3.0
Second Choice	
Two boys and one girl	89.6
Three girls	7.4
I don't know	3.0
Third Choice	
Three boys	44.4
Three girls	48.9
I don't know	6.7
Fourth Choice	
Three boys	11.9
Two girls and a boy	86.7
I don't know	1.5
Total	100

A study done in rural Tanzania showed that, son preference did not exist but was more pronounced among older people of 40-49 years of age. Major reasons mentioned for sons preference were labour and old age dependency (Ayoub, 2004).

Preference for both sexes is also related to contraceptive behaviour and results are as indicated in Table 6. Generally, use of contraceptives was high especially for the combination with children of both sexes, as respondents were using contraceptives to control births while waiting to get their preferred sex combinations or used it to limit births if they had preferred sex combination.

The use levels were lower among families with single sex children (boys or girls only), in contrast to the expectations that there would be the highest if there was sex preference. Leone, *et al.*, (2003), in a study conducted in Nepal reported that, rates of contraceptive use were lowest among women whose children were only girls. It is assumed that women who prefer to have a son would continue having children until a son was born, so long as they are able to.

Contraceptive behaviour by actual sex composition

Respondents were requested to give the actual sex composition of their children. Although majority of respondents preferred a combination of both girls and boys, at the moment they had more girls than boys (47.3%), while 27.7% had more boys than girls (Table 6).

Table 5: Sex preference and contraceptive use

Combination	Current use (n=133)	Intention to use (n=127)
First Choice		
One boy and two girls	75.8	63.3
Two boys and one girl	76.9	73.8
Three boys	50.0	50.0
I don't know	50.0	50.8
Second Choice		
Two boys and one girl	76.5	67.5
Three girls	60.0	66.7
I don't know	100.0	75.0
Third Choice		
Three boys	72.4	66.7
Three girls	77.3	68.3
I don't know	88.9	71.4
Fourth Choice		
Three boys	66.7	71.4
Two girls and a boy	76.7	67.6
I don't know	100.0	50.0
All	75.9	67.7

Table 6: Summary table of actual sex composition

Category	Percent (n=135)
Boys<Girls	47.3
Boys>Girls	27.7
Boys=Girls	21.4
No children	3.7

Actual sex composition of children was related to contraceptive use of respondents and the results are presented in Table 7. Despite the fact that the majority of respondents were using contraceptives, the use was slightly low for those with two children (two girls and two boys), four children (one girl and three boys) and four children (one girl and three boys). The reason behind this pattern is that, some respondents in this category wanted to have more children in order to meet their desired sex composition. For those who were using contraceptives, they did so in order to control births or limit births if they already had their desired sex combination.

The use of contraceptives was lowest for those with six children (one girl and five boys, five girls and one boy, two girls and four boys) and eight children (six girls and two boys). The reason for their low use was either because they had reached their menopause so that there was no rationale of using contraceptives or they were

trying to have another child of different sex in order to meet their desired sex composition.

The intention to use contraceptives in future was generally high, except for those with one child and two children (two girls and one girl and a boy), as they had just started to have children and hence, their intention to use contraception was low as they were expecting to have more children in future.

Table 7: Contraceptive status by actual sex composition of children (%)

Contraceptive use (n=135)		
Combination	Current Use	Intention to use
One children		
One boy	100	44.4
One girl	77.3	57.1
Two children		
Two girls	66.7	58.3
Two boys	57.1	83.3
One girl and one boy	89.5	57.9
Three children		
Two girls and one boy	73.3	73.3
One girl and two boys	80	85.9
Three girls	100	100
Three boys	100	75
Four children		
One girl and three boys	66.7	83.3
Two girls and two boys	88.9	77.8
Three girls and one boy	75	75
Four boys	100	0.0
Five children		
Four girls and one boy	100	100
Three girls and two boys	75	75
Two girls and three boys	100	100
Three girls and two boys	66.7	100
Six children		
One girl and five boys	0.0	0.0
One boy and five girls	0.0	100
Four girls and two boys	100	100
Two girls and four boys	0.0	100
Eight children		
Six girls and two boys	0.0	100
Four girls and four boys	100	100
All	75.9	67.7

CONCLUSION

In this study, the relationship between family size, composition and contraceptive behaviour were explored. Interpretation of responses to the question on family size and sex preference was subject to some degrees of error, because respondents reported preferences were, in most cases, hypothetical and thus subject to changes and rationalization. Nevertheless, it can be concluded from this study that family size and sex preferences were very crucial determinants of contraceptive use. Married women from Morogoro Municipality preferred a small family size of four and their mean actual family size was 2.5 indicating high prevalence of contraceptive use and low sex preference. Social cultural influences also played a major part in determining the number of children as it was evident from the data that, all respondents wanted children as a response to their socio-cultural surrounding much more than to their economic circumstance.

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